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	ENCE ADDRESS (Note: Use BI	OIPI		ice(c) Transmittal Th	uic cortificate cannot be used	for domestic mailings of the l for any other accompanying nent or formal drawing, must	
	NDERHYE, PC EBE ROAD, 11TH	\\$	<i>E</i> /	hereby certify that the states Postal Service addressed to the Mai	rtificate of Mailing or Tran his Fec(s) Transmittal is bei with sufficient postage for fi il Stop ISSUE FEE addres TO (571) 273-2885, on the	ng deposited with the United irst class mail in an envelope is above or being facsimile.	
1		TATE TRAD	GMAP IT			(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/890,860 10/16/2001			Keith Herbert Dodd		899-26 7954		
TITLE OF INVENTION	: HEAR TRANSFER EI	LEMENT					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DO		JE FEE TOTAL FEE(S) DU	E DATE DUE	
nonprovisional	NOYES	\$1400 \$700	O·00 \$0	\$0	_\$1400 B	700.0 0 11/29/2006	
EXAMINER		ART UNIT CLASS-SUBCLASS					
AUGHENBAU	GH, WALTER	1772	428-036900	036900			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			(1) the names of up or agents OR, alterr (2) the name of a si registered attorney 2 registered patent a	printing on the patent front page, list names of up to 3 registered patent attorneys ats OR, alternatively, name of a single firm (having as a member a red attorney or agent) and the names of up to tered patent attorneys or agents. If no name is no name will be printed.			
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	type)			
		ified below, no assignee pletion of this form is NC			·	document has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY DO 03239134 09893969 Security Composites Limited Shropshire, England 31 FC: 2501 703.63 99							
		categories (will not be p		22 FC: 1	.504	769.63 09 333.63 0P group entity. 5 60vernment	
	o small entity discount p		A check is enclose Payment by credit	Please first reapply a d. card. Form PTO-203	ny previously paid issue fe 8 is attached.	e shown above)	
Advance Order - #	of Copies3		The Director is her overpayment, to D	eby authorized to cha eposit Account Numb	rge the required fee(s), any correct 14-1140 (enclose	deficiency, or credit any an extra copy of this form).	
a. Applicant claims	cus (from status indicated s SMALL ENTITY statu	us. Sec 37 CFR 1.27.	☐ b. Applicant is no	onger claiming SMA	LL ENTITY status. See 37 (CFR 1.27(g)(2).	
NOTE: The Issue Fee and interest as shown by the r	Publication Fee (if requeecords of the United Sta	uired) will not be accepted	ed from anyone other the	n the applicant; a reg	istered attorney or agent; or	the assignee or other party in	
Authorized Signature	GLills			Date	November 29, 20	<u> </u>	
Typed or printed name	Bryan H. D	avidson	<u></u>	Registration No. 30,251			
This collection of information	ation is required by 37 C	CFR 1.311. The informati	on is required to obtain	or retain a benefit by	the public which is to file (a	nd by the USPTO to process)	

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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